



2024-25 MENTORSHIP PROGRAM APPLICATION

Please complete this form to apply for the NCEDA 2024-25 Mentorship Program as a **mentor or mentee**. Information will be kept confidential. Contact Torsha (torsha@nceda.org) with any questions.

Name: _____

Organization: _____

Job Title: _____ **County:** _____

Email Address: _____

Phone: _____ **Years of Professional Experience:** _____

Select your NCEDA Membership Type: (*allied or economic development partner / local, regional or statewide economic development practitioner*) Allied Practitioner

Select your Program Interest: (*general guidelines – mentor 15+ years of professional experience / mentee less than 15 years of professional experience*) Mentor Mentee

Mentor/Mentee Preferences: (*i.e. gender, geographical location, allied or practitioner, etc. –preferences are not guaranteed and are based on mentor/mentee applicant pool*)

Mentor Relationship Goals: (*i.e. improve understanding of political landscape as it relates to economic development, learn more about successful programs/initiatives in other communities, learn how to navigate internal and external politics, seek career development advice, etc.*)

1. _____

2. _____

3. _____

Applicant Certification

By signing the application form you certify that you are a current member of NCEDA, you are committed to the nine-month mentorship program and that you have reviewed the program guidelines.

Applicant Signature: _____ Date: _____

APPLICATION DEADLINE IS 5 PM ON FRIDAY, SEPTEMBER 13, 2024.

Submit application to torsha@nceda.org.

Pairings will be made in mid-September, and an introductory email will be sent in late September.